



1997 ECONOMIC CENSUS  
PIPELINES

OMB No. 0607-0834: Approval Expires 12/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

UT-4600

(Please correct any errors in name, address, and ZIP Code.)

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce follow-up correspondence.

**Item 1. EMPLOYER IDENTIFICATION NUMBER**  
**Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?**

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

**Item 2. PHYSICAL LOCATION**  
**a. Is this establishment's physical location the same as the address shown in the label?** (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

**b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?**

095 1 ☐ Yes 2 ☐ No 3 ☐ No legal boundaries 4 ☐ Do not know

**c. In what type of municipality is this establishment physically located?**

096 1 ☐ City, village, or borough  
2 ☐ Town or township  
3 ☐ Other – Specify  
4 ☐ Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

**Item 3. OPERATIONAL STATUS**

Number of months

**a. How many months during 1997 was this establishment actively operated?**

002

**b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.**

**Note:** Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1997.

001 1 ☐ In operation

2 ☐ Temporarily or seasonally inactive

3 ☐ Ceased operation – Give date at right

4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

**Example:** If a figure is \$1,125,628.79 report

• Preferred

Acceptable

Mil-lions (000) Thou-sands (000) Dol-lars (000)

1

126

1

125

629

**Item 4. DOLLAR VOLUME OF BUSINESS**

Mil.

Thou.

Dol.

010

**Operating revenue in 1997**

**Item 5. PAYROLL**

Mil.

Thou.

Dol.

030

**Payroll in 1997, BEFORE DEDUCTIONS**

**a. Annual**

031

**b. First quarter (January–March)**

**Item 6. EMPLOYMENT**

Number

032

**Number of paid employees for pay period including March 12, 1997**  
(Include both full- and part-time employees)

**Item 7. LEGAL FORM OF ORGANIZATION**

**Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.**

003 1 ☐ Individual owner (sole proprietorship)

2 ☐ Partnership

5 ☐ Governmental – Specify

0 ☐ Corporation

0 ☐ Subchapter "S" corporation

9 ☐ Other – Specify

CONTINUE WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY

What was this establishment’s PRINCIPAL kind of business or activity in 1997?

Mark (X) only ONE box.

Pipelines070

Crude petroleum4612001

Refined petroleum4613001

Natural gas, except natural gas liquids4922001

Other pipelines – Describe4619001

Natural gas distribution, including marketers and brokers4924002

Other kind of business or activity – Describe7777777

Item 9. SOURCES OF REVENUE

Please read instructions below before completing this item.

Report sources of revenue for this establishment either as dollar figures or as whole percents of total operating revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS

If figure is 38.76% of total sales:

Report whole percents

Not acceptable

Mil.

Thou.

Dol.

Per cent

39

38.76

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per cent
1. Pipeline transportation of petroleum products and other commodities, including natural gas liquids	700	701			702
a. Crude petroleum	6000				
b. Refined petroleum products	6010				
c. Other pipeline products	6020				
2. Natural gas transmission and storage	6030				
3. Sales of:					
a. Natural gas	9010				
b. Manufactured or mixed gas	9020				
4. All other operating revenue – Describe					
	076				
	9810				
5. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%

Item 10. SPECIAL INQUIRIES

CONSTRUCTION ACTIVITY723

a. Was THIS COMPANY involved in new construction, renovation, or maintenance and repairs of buildings, structures, or lines during 1997?

1 Yes – Continue with line b

2 No – Skip to item 11

b. What were your capital expenditures in 1997 for new construction, including renovation? (INCLUDE labor and materials. EXCLUDE land and the value of production machinery and equipment not an integral part of a structure.)

Mil. Thou. Dol.

724

c. What percentage of the capital expenditures reported in line b represents work done by your own employees as opposed to work done by contractors or other hired labor?

Report in whole percent

725

%

d. What were your expenses in 1997 for maintenance and repairs? (EXCLUDE expenses for such activities as janitorial services, cleaning, lawn maintenance, etc.)

Mil. Thou. Dol.

726

e. What percentage of the expenses for maintenance and repairs reported in line d represents work done by your own employees as opposed to work done by contractors or other hired labor?

Report in whole percent

727

%

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?

1 Yes – Complete this item

2 No – Skip to item 12

b. Is this company owned or controlled by another company?

097 1 Yes

2 No

c. Does this company own or control any other company or companies?

098 1 Yes

2 No

d. How many establishments operated under the EIN shown in the label (or as corrected in item 1) AT THE END of 1997?

Number

079

If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

Name	1997	Mil.	Thou.	Dol.
Number and street	Revenue	081		
City State ZIP Code	Annual payroll	082		
Kind-of-business description	Paid employees for pay period including March 12			
	083			
	Census use088			

Name	1997	Mil.	Thou.	Dol.
Number and street	Revenue	081		
City State ZIP Code	Annual payroll	082		
Kind-of-business description	Paid employees for pay period including March 12			
	083			
	Census use088			

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report

FROM: Mo. Year TO: Mo. Year

Name of person to contact regarding this report – Print or type

Title

Telephone Area code Number Extension

Signature of authorized person Date